

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 615

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u> c. LENGTH OF STAY (In this place) <u>9 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Peoria</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peoria</u> d. STREET ADDRESS (If rural, give location) <u>527 Moss Avenue</u>	
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3. NAME OF DECEASED a. (First) <u>Grace</u> (Middle) <u>Nochelle</u> c. (Last) <u>Mc Ginnis</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>Nov. 25, 1903.</u>	9. AGE (In years last birthday) <u>45.</u>	10. IF UNDER 1 YEAR (Days) <u>26.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>		
11. BIRTHPLACE (State or foreign country) <u>Indianapolis, Indiana.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Noble Charles T. Nochelle.</u>	13b. MOTHER'S MAIDEN NAME <u>Nochelle Arda Maschelle.</u>	14. NAME OF HUSBAND OR WIFE <u>John McGinnis, U. McGinnis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John McGinnis, 527 Moss, Peoria, Ill.,</u>

18. CAUSE OF DEATH (a) <u>only one cause per</u> (b) <u>more than one cause per</u> (c) <u>both (a) and (b)</u> This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant pseudomonas</u> <u>Cyathoma</u> <u>of lower extremity</u> <u>metastasis</u> (b) <u>Due to (c)</u> (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
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19a. DATE OF OPERATION <u>1-20-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Metastatic carcinoma over entire abdomen</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 13, 1949, **to** Jan 21, 1949, **that I last saw the deceased alive on** Jan 21, 1949, **and that death occurred at** 6:20 AM **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) <u>Dr. Hugh Stephenson</u>	23b. ADDRESS <u>Barnes Hospital,</u>	23c. DATE SIGNED <u>1/21/49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>	24b. DATE <u>1/21/49.</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Peoria, Illinois.</u>
24d. LOCATION (City, town, or county) (State) <u>Peoria, Illinois.</u>		

DATE REC'D BY LOCAL REG. <u>JAN 21 1949</u>	REGISTRAR'S SIGNATURE <u>J B Lupton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons, 7233 Delmar Blv'd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 615

On this 15th day of February, 1949, before me appears C. R. Lupton Jr., who, upon his oath, states that the original record of birth death for Grace Noble McGinnis, died 1-21-49, in the State of Missouri, and which was filed at St. Louis Mo. on January 24, 1949, should be corrected as follows:

Item No. 3 should read Grace Noble McGinnis

Instead of Grace Nochelle McGinnis

Item No. 13 should read Charles T. Noble

Instead of Charles T. Nochelle

Item No. 13B should read Arda ~~Nochelle~~ Moschelle

Instead of Arda Maschelle

Item No. 14 should read John U. McGinnis

Instead of John McGinnis

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief C. R. Lupton Jr. + Sons - Funeral Dir.
(SEAL) C. R. Lupton Jr. Relationship.

7233 Delmar Blvd.
Present Address.

Subscribed and sworn to before me this 15th day of February, 1949.

My Commission expires 4/4/52 J. J. Lupton Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-2781